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SENATE BILL 566

46TH LEGISLATURE - STATE OF NEW MEXICO - SECOND SESSION, 2004

INTRODUCED BY

Roman M. Maes III

AN ACT

RELATING TO BOARDS AND COMMISSIONS; PROVIDING AN EXCEPTION FOR CERTAIN PERSONS APPOINTED TO THE NEW MEXICO HEALTH POLICY COMMISSION; AMENDING SECTION 9-7-11.2 NMSA 1978 (BEING LAWS 1991, CHAPTER 139, SECTION 2, AS AMENDED).

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

Section 1. Section 9-7-11.2 NMSA 1978 (being Laws 1991, Chapter 139, Section 2, as amended) is amended to read:

"9-7-11.2. NEW MEXICO HEALTH POLICY COMMISSION
CREATED--COMPOSITION--DUTIES.--

A. There is created the "New Mexico health policy commission", which is administratively attached to the department of finance and administration.

B. The New Mexico health policy commission shall consist of eight members appointed by the governor with the

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1 advice and consent of the senate to reflect the ethnic,
2 economic, geographic and professional diversity of the state.
3 No member of the commission shall have a pecuniary or fiduciary
4 interest in the health services industry for three years
5 preceding his appointment to the commission; provided that an
6 individual who is employed by a nonprofit organization or a
7 state educational institution and is paid a salary for
8 employment but does not have any other pecuniary or fiduciary
9 interest in the health services industry may be appointed to
10 the commission. Two members shall be appointed for one-year
11 terms, three members shall be appointed for two-year terms,
12 three members shall be appointed for three-year terms and all
13 subsequent appointments shall be made for three-year terms.

14 C. The New Mexico health policy commission shall
15 meet at the call of the chairman and shall meet not less than
16 quarterly. The chairman shall be elected from among the
17 members of the commission. Members of the New Mexico health
18 policy commission shall not be paid but shall receive per diem
19 and mileage expenses as provided in the Per Diem and Mileage
20 Act.

21 D. The New Mexico health policy commission shall
22 establish task forces as needed to make recommendations to the
23 commission on various health issues. Task force members may
24 include individuals who have expertise or a pecuniary or
25 fiduciary interest in the health services industry. Voting

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1 members of a task force may receive mileage expenses if they:

2 (1) are members who represent consumer
3 interests;

4 (2) are individuals who were not appointed to
5 represent the views of the organization or agency for which
6 they work; or

7 (3) represent an organization that has a
8 policy of not reimbursing travel expenses of employees or
9 representatives for travel to meetings.

10 E. The New Mexico health policy commission shall:

11 (1) develop a plan for and monitor the
12 implementation of the state's health policy;

13 (2) obtain and evaluate information from a
14 broad spectrum of New Mexico's society to develop and monitor
15 the implementation of the state's health policy;

16 (3) obtain and evaluate information relating
17 to factors that affect the availability and accessibility of
18 health services and health care personnel in the public and
19 private sectors;

20 (4) perform needs assessments on health
21 personnel, health education and recruitment and retention and
22 make recommendations regarding the training, recruitment,
23 placement and retention of health professionals in underserved
24 areas of the state;

25 (5) prepare and publish an annual report

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1 describing the progress in addressing the state's health policy
2 and planning issues. The report shall include a workplan of
3 goals and objectives for addressing the state's health policy
4 and planning issues in the upcoming year;

5 (6) distribute the annual report to the
6 governor, appropriate state agencies and interim legislative
7 committees and interested parties;

8 (7) establish a process to prioritize
9 recommendations on program development, resource allocation and
10 proposed legislation;

11 (8) provide information and analysis on health
12 issues;

13 (9) serve as a catalyst and synthesizer of
14 health policy in the public and private sectors; and

15 (10) respond to requests by the executive and
16 legislative branches of government."

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